

## PART B - FEE(S) TRANSMITTAL

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MAY 31 2006

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022434 7590 05/05/2006  
**BEYER WEAVER & THOMAS LLP**  
P.O. BOX 70250  
OAKLAND, CA 94612-0250  
06/01/2006 CNGUYEN3 00000022 09693517

01 FC:1501 1400.00 OP  
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Linda L. Pollock	(Depositor's name)
<i>Linda L. Pollock</i>	(Signature)
May 25, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/693,517	10/19/2000	Lawrence A. Crowl	SUN1P381/P4502	7922

**TITLE OF INVENTION:** METHOD AND APPARATUS FOR COMPILING SOURCE PROGRAMS USING ONE OR MORE LIBRARIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/07/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
VU, TUAN A	2193	717-163000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Beyer Weaver & Thomas, LLP

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Sun Microsystems, Inc.**

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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 The Director is hereby authorized to charge ~~XXXXXX~~ the required fee(s), or credit any overpayment, to Deposit Account Number 500388 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Fredrik Mollborn*

Date May 25, 2006

Typed or printed name Fredrik Mollborn

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